

Human Resources
City Hall
609 West Navajo Street
West Lafayette, Indiana 47906-1995
Phone: 765-775-5108
Fax: 765-775-5248
www.city.west-lafayette.in.us

APPLICATION FOR TEMPORARY OR SEASONAL EMPLOYMENT

An Equal Opportunity/Affirmative Action Employer

Only completed applications will be accepted.

PLEASE WRITE OR PRINT LEGIBLY

Date of Application _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: (____) _____ - _____ Best time to call at home: _____

Social Security No. _____ (Your Social Security Number is requested to facilitate record keeping.
You have the right to refuse to provide this number on this form without penalty.)

For what position are you applying? _____ Date Available: _____

Is this Temporary? ☐

(Expected to last less than six months.)

Seasonal? ☐

(Expected to be less than 20 hrs/wk., or of a sporadic nature but may last more than 6 mos.)

Have you read the job description for this position?

Yes ☐ No ☐

Do you have the ability to perform the essential job-related functions, with or without reasonable accommodations, for the position that you are applying?

Yes ☐ No ☐

Are you over 18 years of age?

Yes ☐ No ☐

If employed and you are under the age of 18, can you furnish a work permit?

Yes ☐ No ☐

(Federal law prohibits discrimination because of age with respect to individuals who are 40 years of age and over.)

Are you able to furnish proof of U.S. Citizenship or the right to work under the Immigration Reform and Control Act of 1986?

Yes ☐ No ☐

Driver's license number and State, if applicable to position.

State: _____ Number: _____ Expiration Date: _____

Have you ever been convicted of a felony or misdemeanor?

Yes ☐ No ☐

(A conviction record will not necessarily be a bar to employment, and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)

EMPLOYMENT EXPERIENCE

May we contact your present employer?

Yes ☐ No ☐

Are you on lay-off and subject to recall?

Yes ☐ No ☐

Starting with your present or last job, please indicate your employment history. Also, include both your military service assignments and volunteer activities.

1.

Employer

()

Telephone

Address

Dates from: to:

Job Title

Summarize nature of work performed and job responsibilities

Immediate Supervisor and Title

Reason for Leaving

May we contact for reference? Yes ☐ No ☐ Later ☐

2.

Employer

()

Telephone

Address

Dates from: to:

Job Title

Summarize nature of work performed and job responsibilities

Immediate Supervisor and Title

Reason for Leaving

May we contact for reference? Yes ☐ No ☐ Later ☐

BACKGROUND

Education

A. List the last three (3) schools you attended, starting with the most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any, and D. Major field of study.

A. School /Location

B. No. Years
Completed

C. Degree/
Diploma

D. Major
Field

1. _____
2. _____
3. _____

Skills

List any job-related or specialized skills such as language fluency that you possess and indicate how/where you acquired them.

Accomplishments

List any special accomplishments, publications, awards (Exclude organizations which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

Associations

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization

Offices held

References

List name and telephone number of three business/work references that are NOT related to you and are NOT previous supervisors. If unavailable, list three school/ personal references not related to you.

	Name	Telephone	Years Known
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Do you have any relatives who are employed in a supervisory capacity by the City of West Lafayette?

If Yes ☐, Who? _____ No ☐

APPLICATION AGREEMENT

It is understood and agreed upon that any misrepresentation by me in this application will result in cancellation of this application and separation from the employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

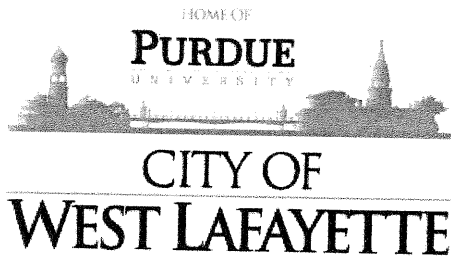
I understand and agree that in compliance with the City's drug and alcohol testing policy for employees, I may be asked to submit to random alcohol and/or illegal drug testing before starting my employment with the City and/or during the course of my employment. I also understand that positive test results may have an adverse affect on my employment with the City in accordance with the City's Drug Testing Policy.

I understand that, just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, subject to the requirements of federal and state law. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Signature of Applicant indicating acceptance and understanding

Date

We ask that you complete the voluntary Affirmative Action Information Sheet on the enclosed separate page for our records. *It is not mandatory that you do so.* Whether or not you complete the questionnaire, please put it into the attached envelope and seal the envelope. This information will not be used in any way to influence the decision concerning your potential employment.



VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Completion of the following information is voluntary. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other legally protected status. In an effort to comply with the requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. We thank you for your cooperation!

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will **not** be used in any hiring decision.

Position applied for: _____ Date: _____

Referral Source: ☐ Advertisement ☐ Employee/Relative ☐ Walk-in ☐ School
☐ Government Employment Agency ☐ Private Employment Agency
☐ Other Name of Source (if applicable) _____

Applicant's Name _____
Last First M.I. () Area Code Phone

Address _____
Street City State Zip Code

Check all of the following which apply.

- ☐ Hispanic ☐ Black ☐ White ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander
☐ Male ☐ Female

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and qualified disabled individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential and refusal to provide this information will not adversely affect your consideration for employment.

If you wish, please check any of the following which are applicable:

- ☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Individual with a Disability ☐ Gulf War Veteran

NOTE: This form is to be completed by the applicant and is not for interview purpose, but to be filed separately in attached envelope. PLEASE RETURN directly TO HUMAN RESOURCES. If you wish to send your application in the same envelope, the AFFIRMATIVE ACTION form will be separated from the application before being forwarded to the appropriate department.